Intensifying monitoring and care of preterm and low birth weight babies at Thyolo District Hospital - Malawi

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Summary
This project was conducted at Thyolo District Hospital, Malawi, with the aim of reducing neonatal mortality due to prematurity. It has been achieved through intensifying best practices in care of preterm and low birth weight babies, resource mobilization, training on care of preterm and low birth weight babies and mentorship. The results showed a reduction in neonatal deaths due to prematurity from 31% to 24.5% from July 2018 – May 2019.

Background
• Prematurity refers to being born before 37 complete weeks of gestation and low birth weight is weight of less than 2500 grams (WHO, 2018).
• Thyolo District Hospital records of 2017 indicated that 119 babies were admitted to the neonatal unit with weight of 1000 to 2500 grams, and 31% (n= 37) died.
• Contributing factors included inadequate monitoring, lack of resources such as feeding tubes, lack of protocols and guidelines, and inappropriate feeding methods.
• In view of this, the project was initiated at Thyolo District Hospital.
• The project was guided by Kouzes and Posner’s Leadership Model (2017).

Methods
An interprofessional team compromising of midwives, clinicians, and support staff was formulated. The following interventions were implemented:
• Intensified monitoring and care of preterm and low birth weight babies through utilisation of monitoring and feeding charts.
• Developed protocols and guidelines on monitoring of babies, feeding methods, infection prevention, and prevention and management of hypothermia.
• Intensified health education to mothers and surrogates on care of preterm babies, including feeding methods, prevention of hypothermia and infection prevention.
• Mobilised resources such as feeding tubes, suction tubes, nasal prongs, pulse oximeter, phototherapy lamps, hats, lever arc files, plastic folders and infection prevention buckets.
• Conducted training on care of preterm and low birth weight babies for all care providers.
• Provided mentorships in three health centres: Chonjeni, Chisoka and Thekerani.
• Monitored progress through monthly case review and addressed gaps identified accordingly.
• Implemented the exemplary practices of Kouzes and Posner’s Leadership Model throughout.

Results
Results showed a reduction in neonatal deaths due to preterm birth and low birth weight from 31% (n=37) to 24.5% (n=28) from July 2018 to May 2019 (refer to Figure 1 and 2). The interventions are on-going.

Conclusions
• The exemplary practices of leadership is crucial for success of a quality improvement project, namely model the way, inspire a shared vision, challenge the process, enable others to act and encourage the heart.
• Adhering to guidelines and standards of care for preterm and low birth weight babies can improve survival and prevent prematurity complications.
• There is need for continued management support in terms of human and material resources and supportive supervision to peripheral health facilities.
• Interprofessional collaboration is important.

Implications
• Standards of care for preterm and low birth weight babies need to be integrated into practice as an interprofessional collaborative effort.
• Eventually this will contribute to sustainable development goal of reducing neonatal mortality.

Questions I would like the audience to respond to
• What strategies/interventions are used to address similar challenges in your settings?
• How do you enhance interprofessional collaboration in care of preterm and low birth weight babies in your settings?

Next Steps
• To continue with all attempts to obtain adherence to standards of neonatal care.
• To strengthen prevention of hypothermia.
• To roll out supportive supervision to all Health Centres.
• To continue with monthly evaluation and feedback to all.

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References

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